

efficiency, and patient safety. North Carolina's health and information technology leaders, both public and private, are convinced this work is essential and now is the time to make it happen.

## **1.2 Assessment of Current HIE Capacities that Could be Expanded or Leveraged**

North Carolina is assessing potential opportunities for leveraging existing HIE initiatives to begin building HIE capacity across the state. At the core of this strategy is the "Community HIE". Building upon initiatives with an established collaborative HIE focus and providing these communities with a shared technical service infrastructure for health information exchange, creates an optimal deployment environment and is an efficient and cost effective strategy for rapidly expanding capacity across North Carolina. Immediate potential opportunities for leveraging existing initiatives to begin building HIE capacity across the state are described below, as well as other opportunities that can contribute to building a solid, comprehensive HIE Program. .

### **Western North Carolina Health Network (WNCHN Data Link)**

In 2006, 16 hospitals serving western North Carolina collaborated to identify options for the purpose of securely and efficiently exchanging electronic patient medical information. By September 2008, Data Link, one of 32 HIEs in the US, was fully deployed in these facilities and provides authorized providers and clinicians access to a virtually integrated view of a patient's electronic records from across all WNC hospital systems. Upon request, WNCHN Data Link searches all of the WNCHN hospitals' information systems for a patient's records and collates them in a standardized format in real time. Clinicians can access the records through any internet connected device. Patient-centric data includes admission/discharge information, lab results, microbiology reports, radiology reports, medications, allergies, discharge summaries, history & physicals and other transcribed reports.

For Phase II of the Data Link project, medical images which include radiology, nuclear medicine, tomography and ultrasound images will be added, as well as images of medical mappings such as EEGs, EKGs, or ECGs and access to outpatient medication history. The goal for adding the medication history is to facilitate medication reconciliation. In addition, Phase II includes providing access to Data Link specific to outpatient settings such as clinics, physician offices and health departments. A longer term goal is to provide access to patient-centric information collected by ambulatory providers.

Providing technical services to WNCHN that would facilitate Phase II is an ideal opportunity to demonstrate the value of a statewide shared services model by providing an existing HIE needed functionality for building HIE capacity within a community. The NC HIE Shared Services infrastructure would provide access to outpatient medication history, as well as provide integration services to virtually integrate outpatient and inpatient data.